

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0050341

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. 5759 Registrar's No. 20

FILED DEC 30 1966

1. PLACE OF DEATH

a. COUNTY Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Spring CreekLength of stay in 1b
Life2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mariesc. CITY
OR TOWN VichyInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt. 1 Vichy, Mo.Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. # 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MINNIE

ELIZABETH

FANNON

4. DATE
OF DEATH

Month

Day

Year

Dec. 22, 1966

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
5-25-859. AGE (last birthday)
81IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
None11. BIRTHPLACE (City and state or country)
Vichy, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Hargis Hart

13b. MOTHER'S MAIDEN NAME

Martha Giesler

14. NAME OF HUSBAND OR WIFE

William A. Fannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs. Florence Cook; Vichy, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be Natural Cause

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

(Coroner of Maries County Notified)

DUE TO (c)

Dec. had not consulted Dr. for 2 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her
him alive on _____
Death occurred at _____ 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVING (Specify)
Burial

23b. DATE

12-26-1966

23c. NAME OF CEMETERY OR CREMATORY

Tennyson Cemetery

23d. LOCATION (City, town, or county)

Maries County, Missouri

24. FUNERAL DIRECTOR

By Paul E. Null Son Funeral Home
Rolla, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 24, 1966

26. REGISTRAR'S SIGNATURE

Mozell W. Hutchison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0630

2 0630

3

4 1

5 2

6

7 0

8 2

9 7954

10

11

12 90-8

13 1-0

11-10-1911

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.